

Work Order ID 92068

October-22-12 3:17:25 PM

\*92068\*

Page 1

Item ID: 647.1612

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Splice Plate

Stop

\*NS2\*

Start Date: 22/10/2012 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 22/10/22 Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1600	N/C	0.00							
110		0.00							
*110*									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: N/C Prog Rev: N/C								
2024.090	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*									
QC	Memo	0.00							
Quality Control									

16 0 Jm 12-11-1

Jm 12-11-1

16 0 Jm 12-11-1

Jm 12-11-1

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other						

Work Order ID 92068

October-22-12 3:17:25 PM

\*92068\*

Page 2

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Splice Plate

Stop

\*NS2\*

Start Date: 22/10/2012 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

DAS  
15  
8.59

16

\*130\*

QC

Memo

0.00

12/10/10

140

Outsource process-Anodize per QSI017 4.1.10.1

0.00

\*140\*

Outsource4

Memo

0.00

Outsource process - Anodize

Issue P/O: 18338

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 3 )

12/12-11-06

150

Receive & Inspect for Damage & Mat'l Certs

0.00

\*150\*

Packaging

Memo

0.00

Packaging

Kesler + 3 16

NCR: Yes / No

DQA: Date:

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other									
Part No. _____																
NCR No. _____																
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector							
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	General			Bend	General			Grain	General			Ovalized	General			Pressure/Forced
Centre Not Concentric to O/S				BOM/Route				Hardware				Over/Under tolerance				Temperature/Cure
Cracks				Broken/Damaged				Inspection Incomplete				Part Incorrect				Weld
Crushed/Crimped.				Burrs				Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
Cuffs				Contamination				Maintenance				Part Moved				
Heat Treat				Countersink				Mislabeled				Positioned Wrong				
Inspection Strip in Tube				Cut Too Short				Misread				Power Loss/Surge				
Ripples in Bend				Drill Holes				Offset								
Torque Waves in Extrusion				Drawing				Out of Calibration								
Turning Sequence				Finish				Out of Sequence								
Wave/Twist in Tube				Folio				Outside Dimensions								

Work Order ID 92068

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\*92068\*

Page 3

Item ID: 647.1612

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Splice Plate

Stop

\*NS2\*

Start Date: 22/10/2012 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan:

Date: \_\_\_\_\_

Tooling:

Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC:

Date: \_\_\_\_\_

SPC (Y/N):

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

160

\*160\*

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS  
16  
8-89/12/12

16

170

\*170\*

SprayPaint

Spray Painting

Memo

0.00

16 0 0 A

PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 3)

CARDINAL 4860-50 PRIMER BATCH: 123693

180

QC14- Inspect Spray Paint

0.00

\*180\*

QC

Quality Control

Memo

0.00

16

DAS  
05  
8-89/12/12

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S. <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

Work Order ID 92068

October-22-12 3:17:25 PM

\*92068\*

Page 4

Item ID: 647.1612

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Splice Plate

Stop

\*NS2\*

Start Date: 22/10/2012 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

Identify as per dwg & Stock Location:

STC3X

0.00

\*190\*

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*

200

QC21- Final Inspection - Work Order Release

0.00

\*200\*

QC

Quality Control

Memo

0.00

16

SD

12-12-2012

13/1/10 DJ

MF  
12-12-21

NCR: Yes / No

DQA: Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

# Picklist Print

October-22-12 3:17:29 PM

Page 1

Work Order ID: 92068

\*92068\*  
\*647 1612\*

Parent Item: 647.1612

Parent Item Name: Splice Plate

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP REV:A 12.10.04 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.090		Purchased	No			110	sf	48.0000	0.0322	0406737	**	0.5	

\*M2024T3S 090\*

2024-T3 .090 sheet

Location	Loc Qty	Loc Code
MAT022	48	
123287	48	123287

Jm 12-11-1

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

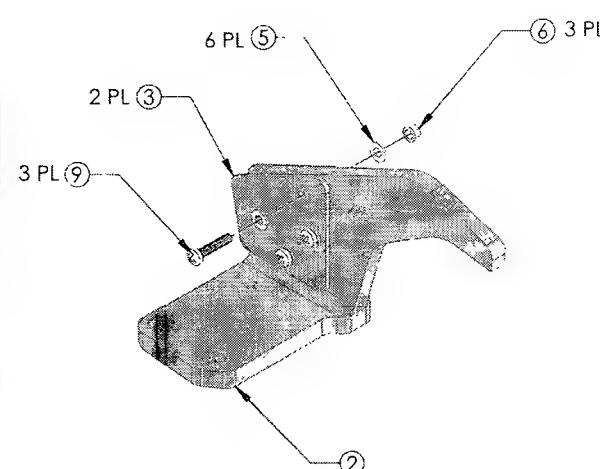
DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

## NOTES:

A MATERIAL: ALUM NUM 7075-T651 AMS-QQ-A-250/12  
 A MATERIAL ALUM NUM 2024 T3 PER AMS QQ A 250/4  
 A FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III,  
 CLASS 2, COLOR BLACK,  
 CARDINAL 4860 50 PRETREATMENT PRIMER  
 PRIME IAW MIL P 23377J TYPE I CLASS N  
 4. DEBUR AND BREAK ALL SHARP EDGES  
 5. IDENTIFY IAW MPP-120



647.1601 SHOWN EXPLODED



647.1602 SHOWN EXPLODED

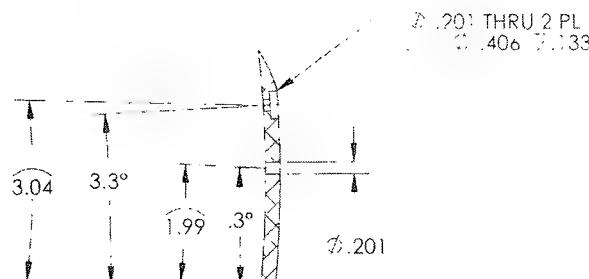
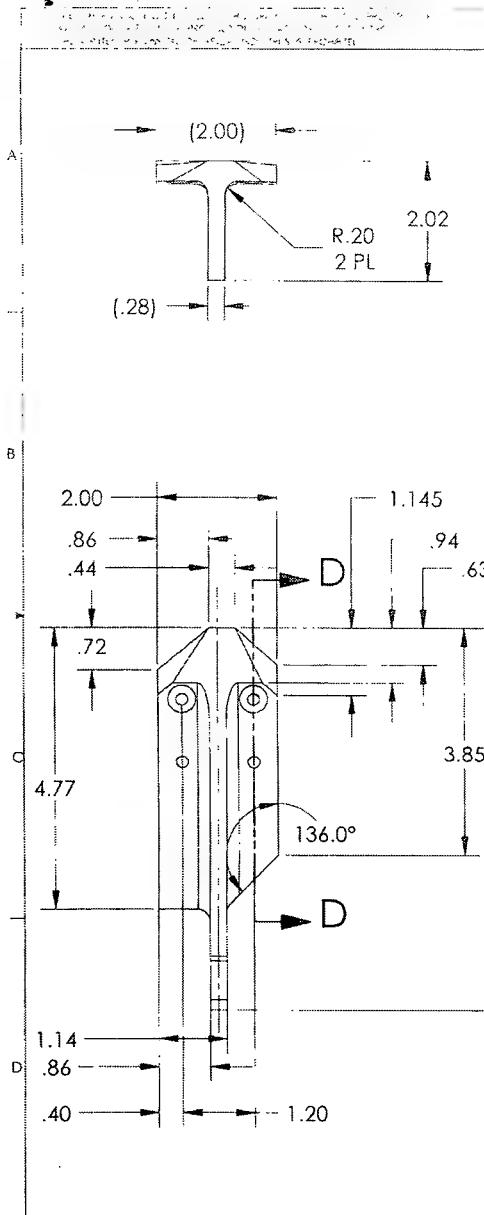
SHOW COPY  
 RETURN TO  
 ENGINEER  
 UNCONTROLLED COPY  
 SUBJECT TO AMENDMENT  
 WITHOUT NOTICE  
 WORK ORDER

92068 MLJ

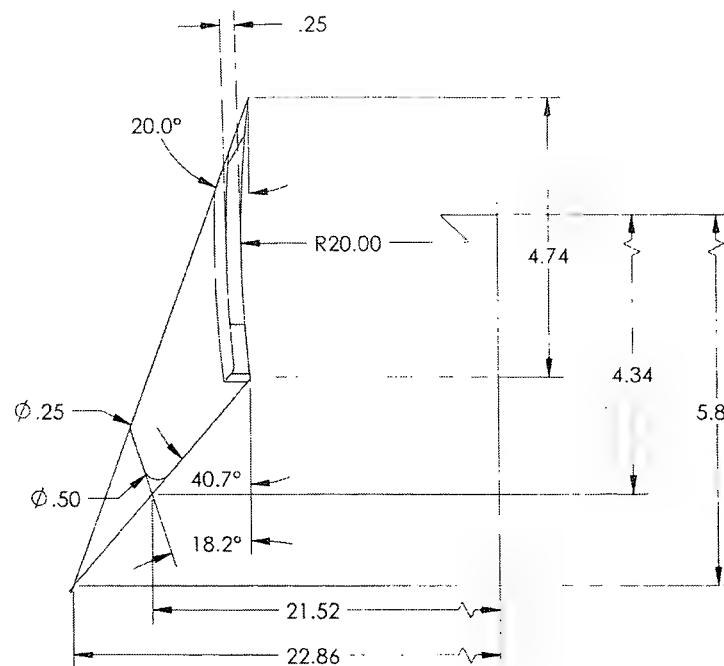
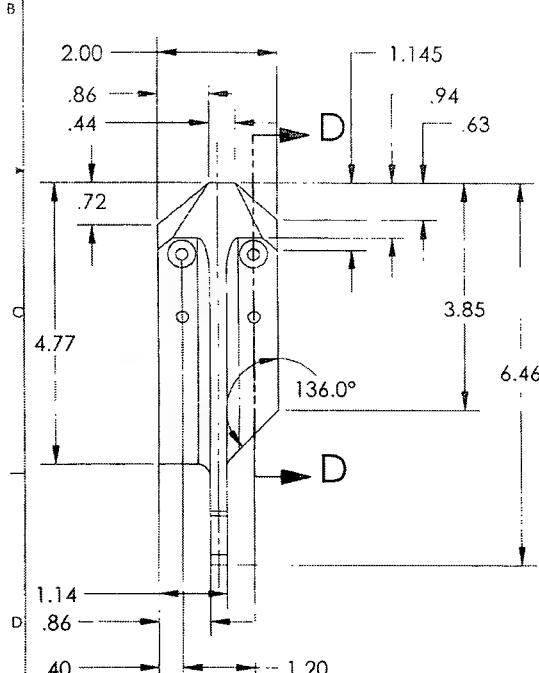
12-10-22

	3	9	601.2989	SCREW	4527039 0812
	4	7	601.1900	NUTPLATE RIVET	C-CP2445-3-04
	3	6	601.2973	LOCKNUV	4527462 08
	6	5	601.2764	WASHER	4511-99H332F
	1	4	647.1613	DOUBLER	▲ ▲
	2	3	647.1612	SPLIC PLATE	▲ ▲
	1	2	647.1611	WIPER DEFLECTOR, AFT	▲ ▲
		1	647.1610	WIPER DEFLECTOR, FWD	▲ ▲
X			647.1602	DOUBLER ASSY	
X			647.1601	WIPER DEFLECTOR ASSY, AFT	
	1.02	40	FIND	PART #	DESCRIPTION
	QTY				MATL
					SPEC.
					PARTS LIST
					APICAL INDUSTRIES
					2638 TEMPLE HEIGHTS DR.
					OCEANSIDE, CA 92056-3512 (760)724-5300
					WIPER DEFLECTOR ASSY
					REV. N/C
					SCALE NONE
					SHEET 1 OF 6

NEXT ASSY IS	647.1300	DRAWN BY	CH-08
		DESIGNED BY	CH-08
		CH-08	CH-08
		CH-08	CH-08

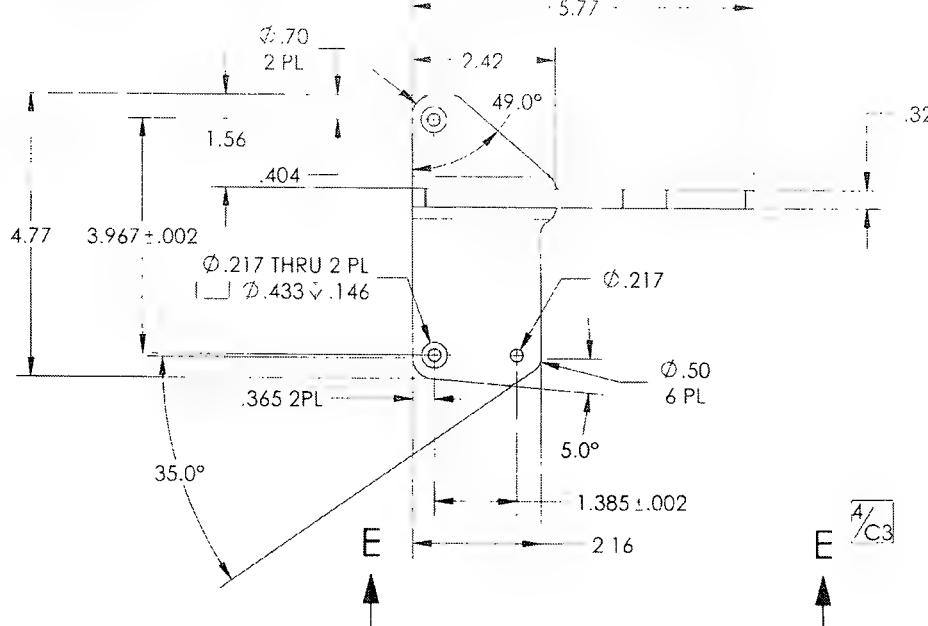


SECTION D-D

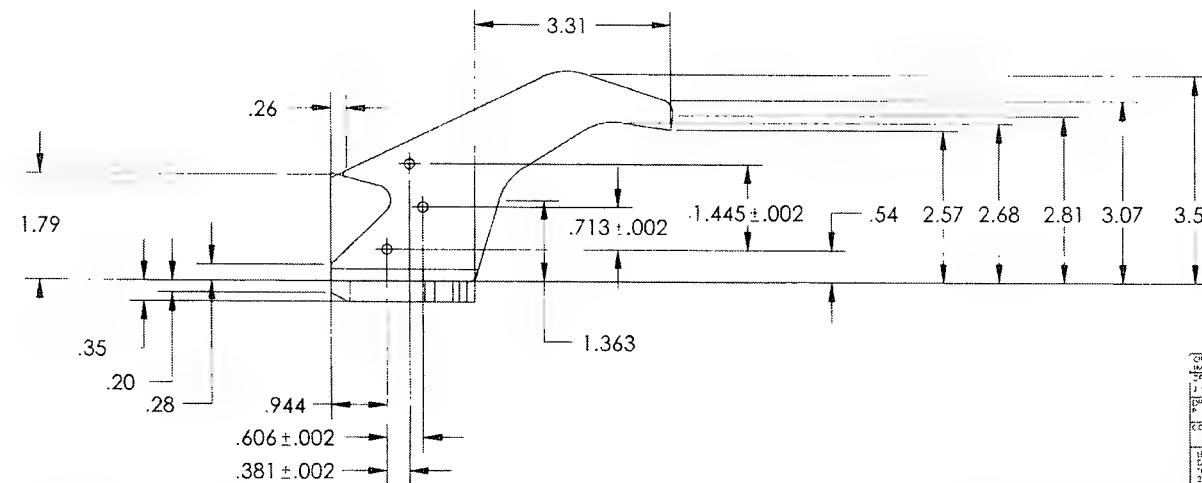


ORIGINATOR	APICAL INDUSTRIES
DESIGNER	2608 TEMPLE HEIGHTS DR.
MANUFACTURER	OCEANSIDE, CA. 92056-3512 (760)724-5300
DATA SHEET	647.1600
CONTRACT	WIPER DEFLECTOR ASSY
ITEM NO. (REF. NO.)	647.1600
DATE	1/14/02
SCALE	NONE
REV.	N/C
1	2
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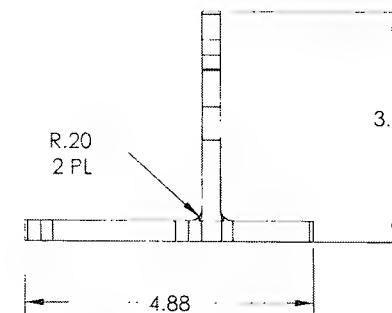
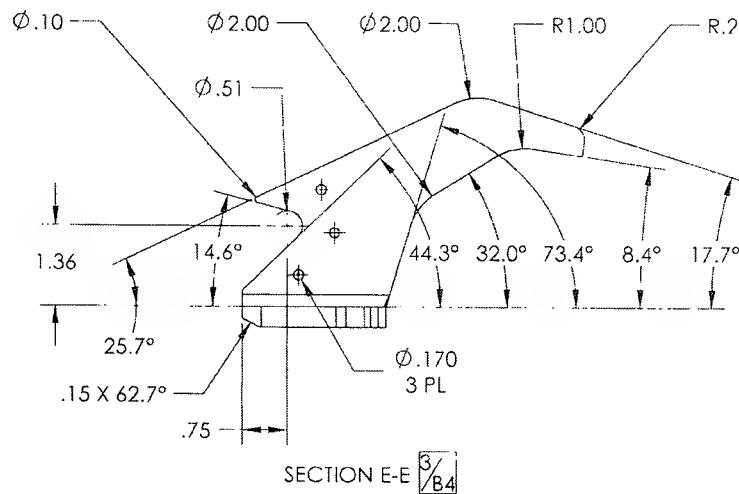
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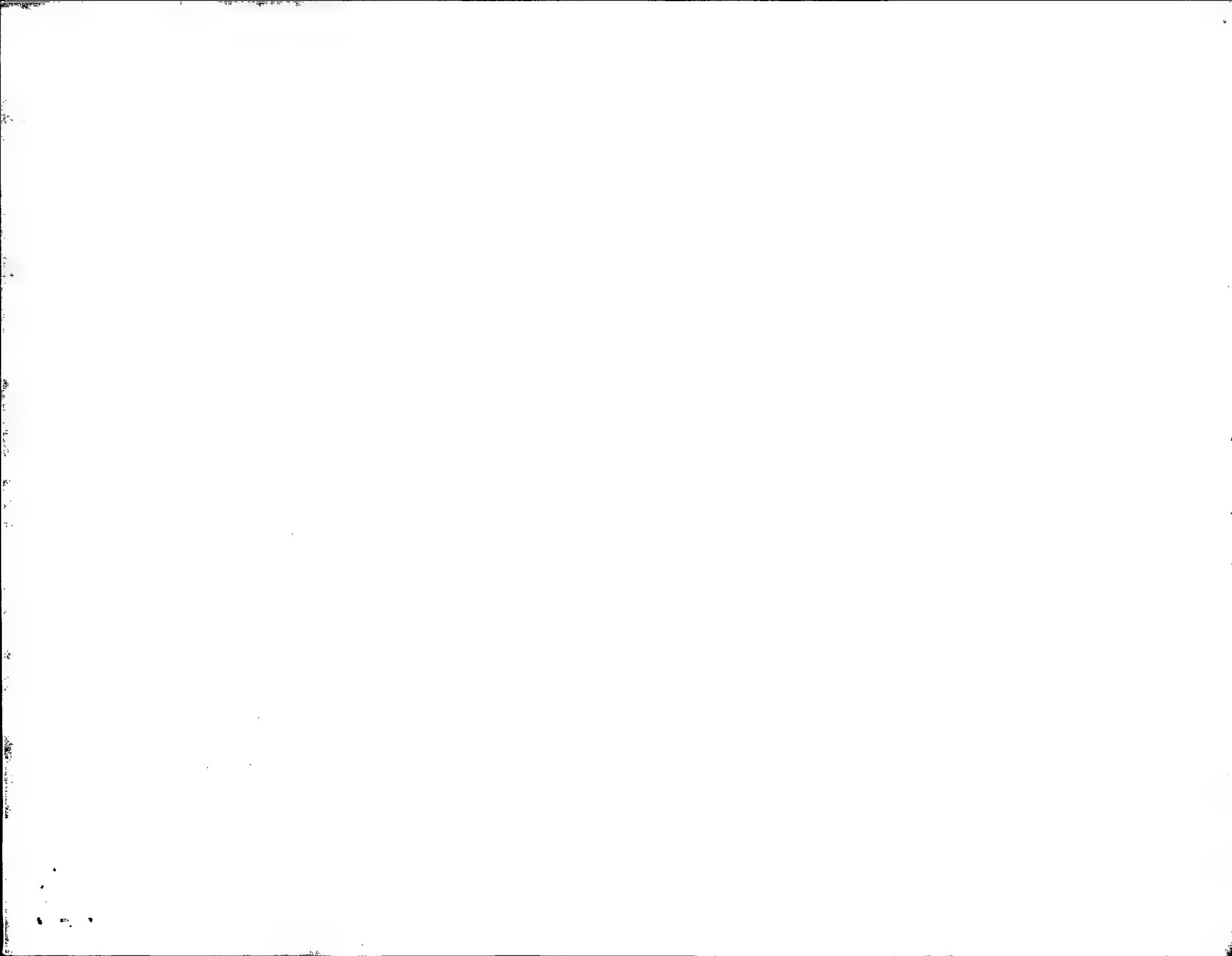
CHRONO DATE	APICAL INDUSTRIES
INCHES/MM	2005
DRAWN BY	CHC/P
DESIGNED BY	EBAYO
REVISED BY	P BRAVO
COMPUTER	
100% COMP/PREC	DATE 07/06/05
DRAWN BY CHC	REV B
DESIGNED BY EBAYO	647.1600
REV N/C	
SCALE NONE	1 SHEET 3 OF 6

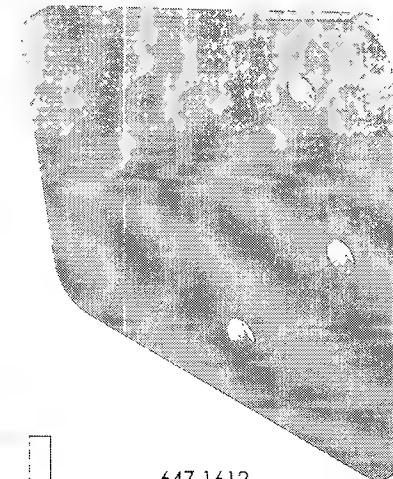
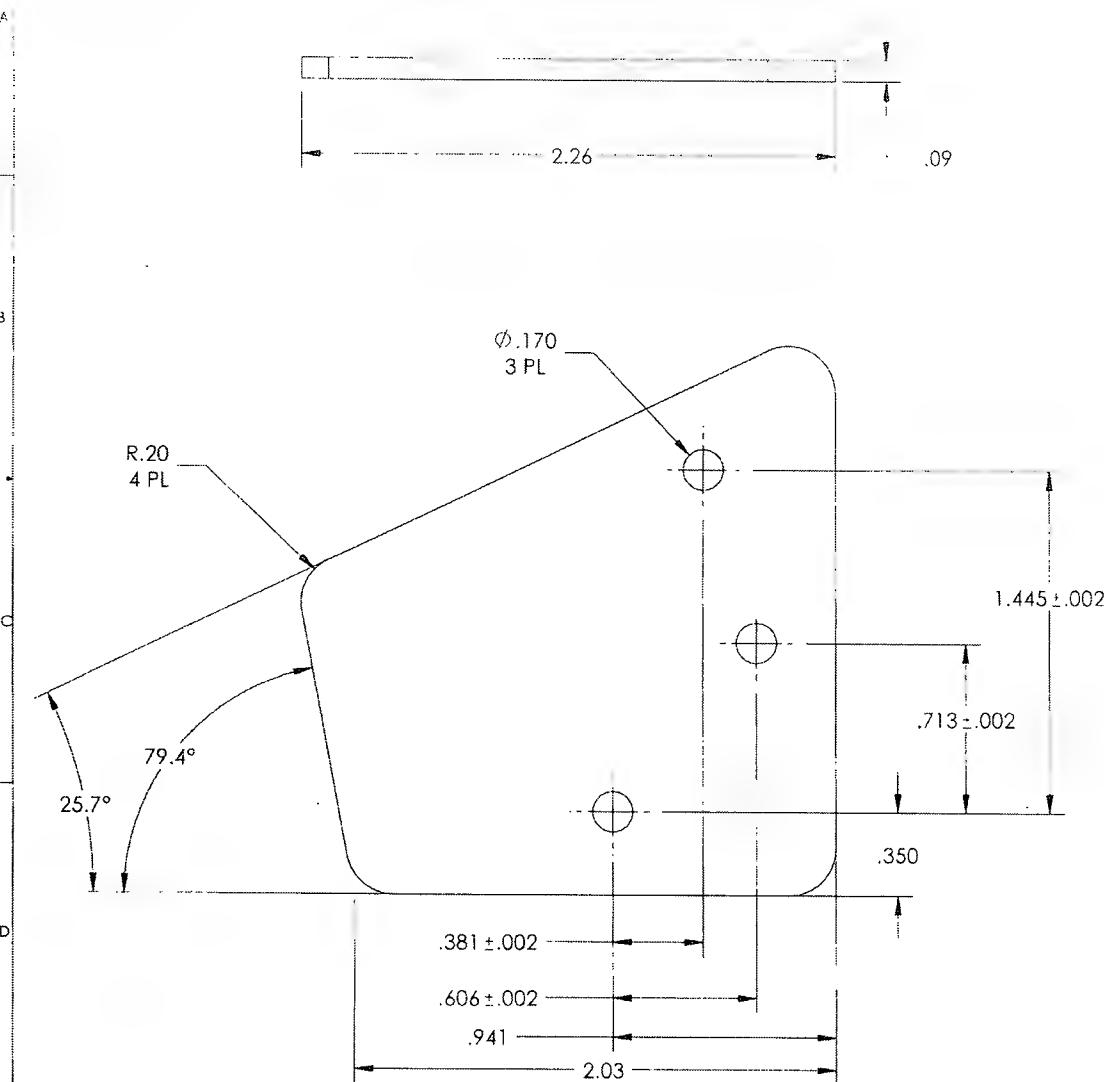


92068



DRWING DATE NO. 24 01 06/02	APICAL INDUSTRIES
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SPR. FORM. MATERIAL	PCV
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8 07M6	647.1600
	SCALE: NOM-N
	SHEET 4 OF 6





647.1612

ORIGINAL DATE	REV. DATE
07/12/86	36-10-02
DRAWN BY: P. BRAVO	
SOLID MODELED BY: P. BRAVO	
CHECKED BY: P. BRAVO	
APR 1986	

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3512 (760)724-5300

WIPER DEFLECTOR ASSY

SCALE: 1:16

DATE: 07/12/86

REV: N/C

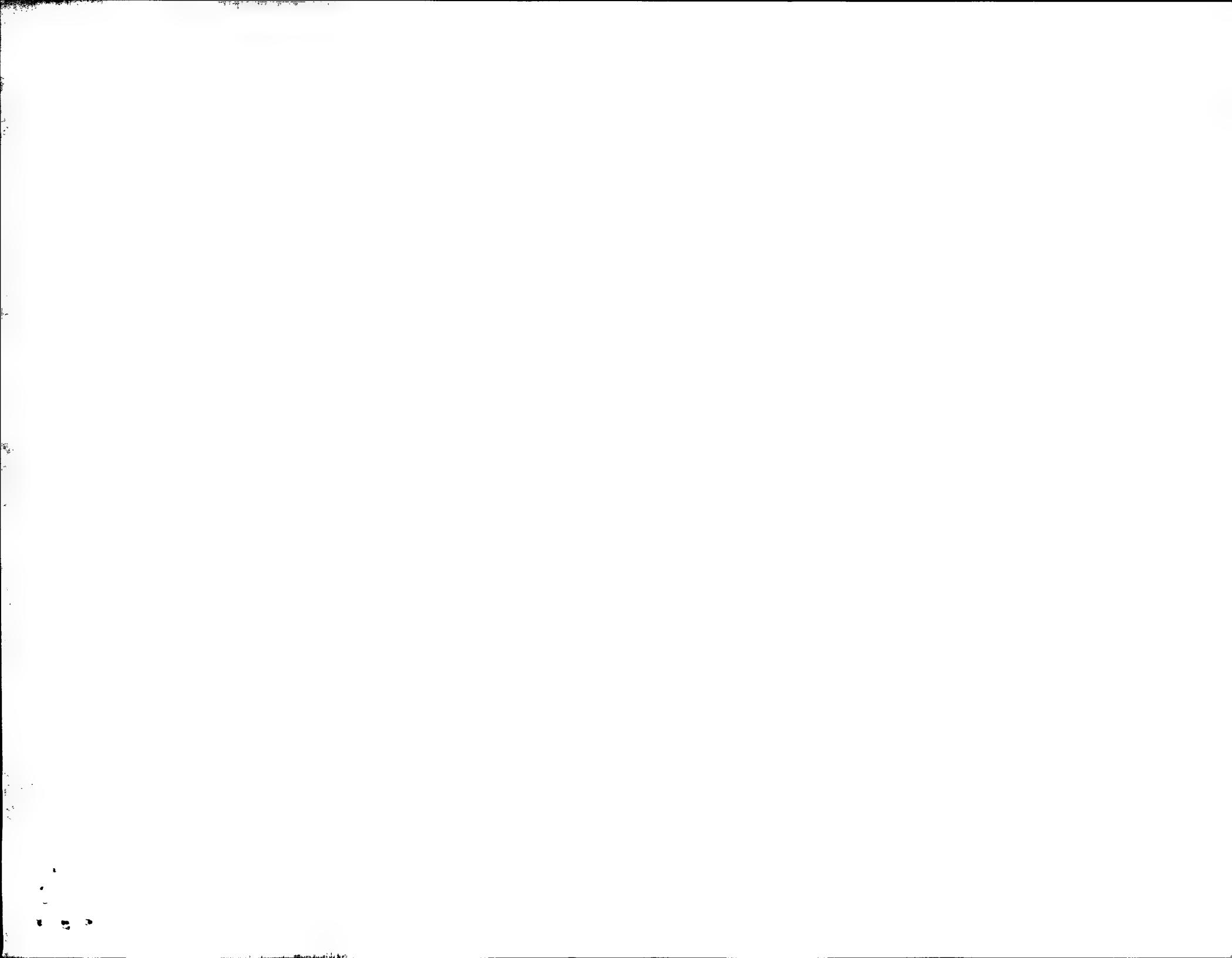
647.1600

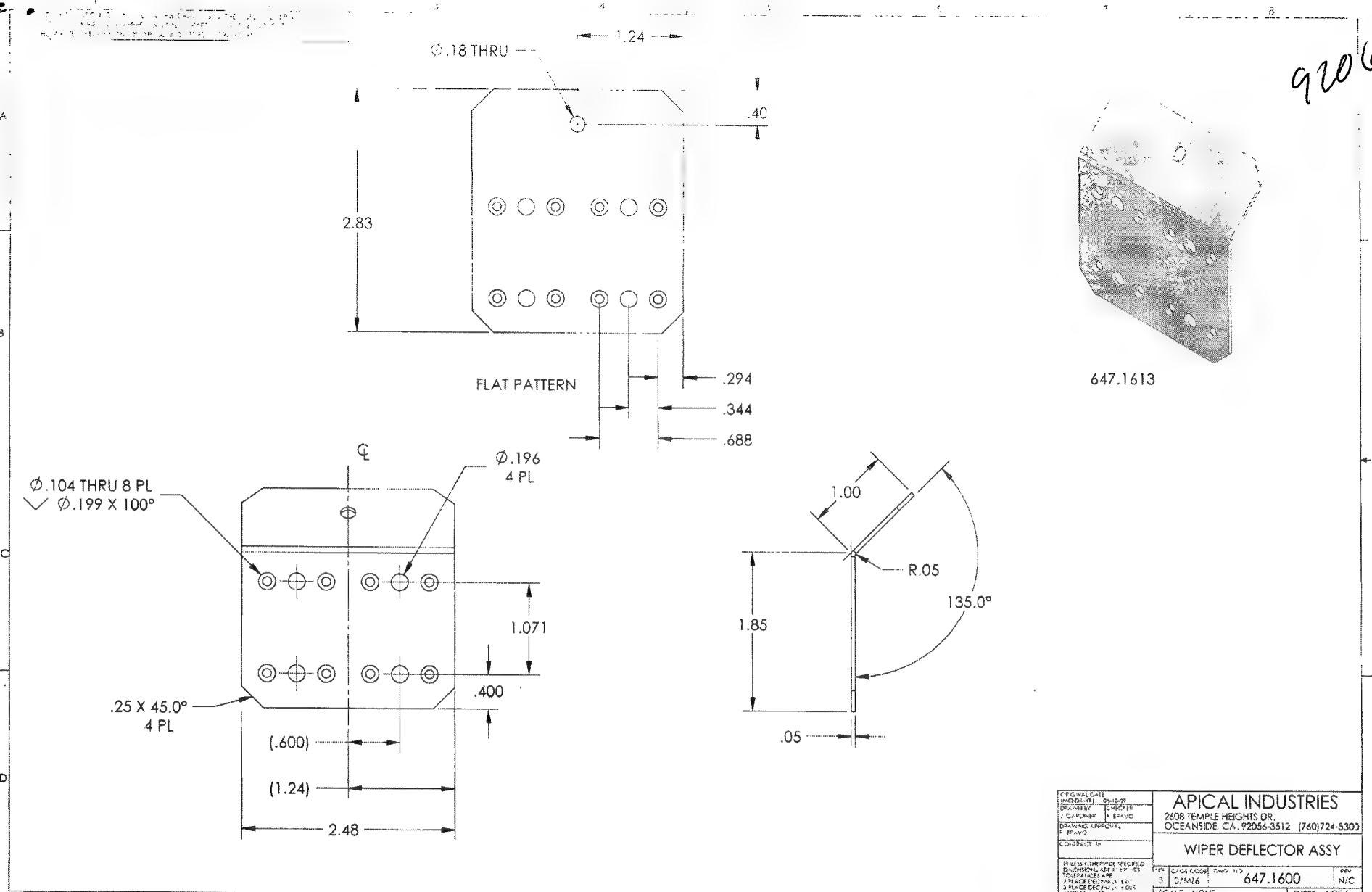
647.1612

SCALE: 1:16

REV: N/C

SHEET 5 OF 6





ORIGINAL DATE	04/10/09	APICAL INDUSTRIES
REVISION DATE	04/10/09	2608 TEMPLE HEIGHTS DR.
DEPARTMENT	CHIEF PFM	OCEANSIDE, CA. 92056-3512 (760)724-5300
1. CARPENTER		
2. PLATE		
3. DRAWING APPROVAL		
4. P.M.D.		
5. CONTRACTOR		
NOTES / INSTRUCTIONS		
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DART AEROSPACE LTD	Work Order:	92068
Description: Splice Plate	Part Number:	647.1612
Inspection Dwg: 647.1600 Rev: NYS		Page 1 of 1

## **FIRST ARTICLE INSPECTION CHECKLIST**

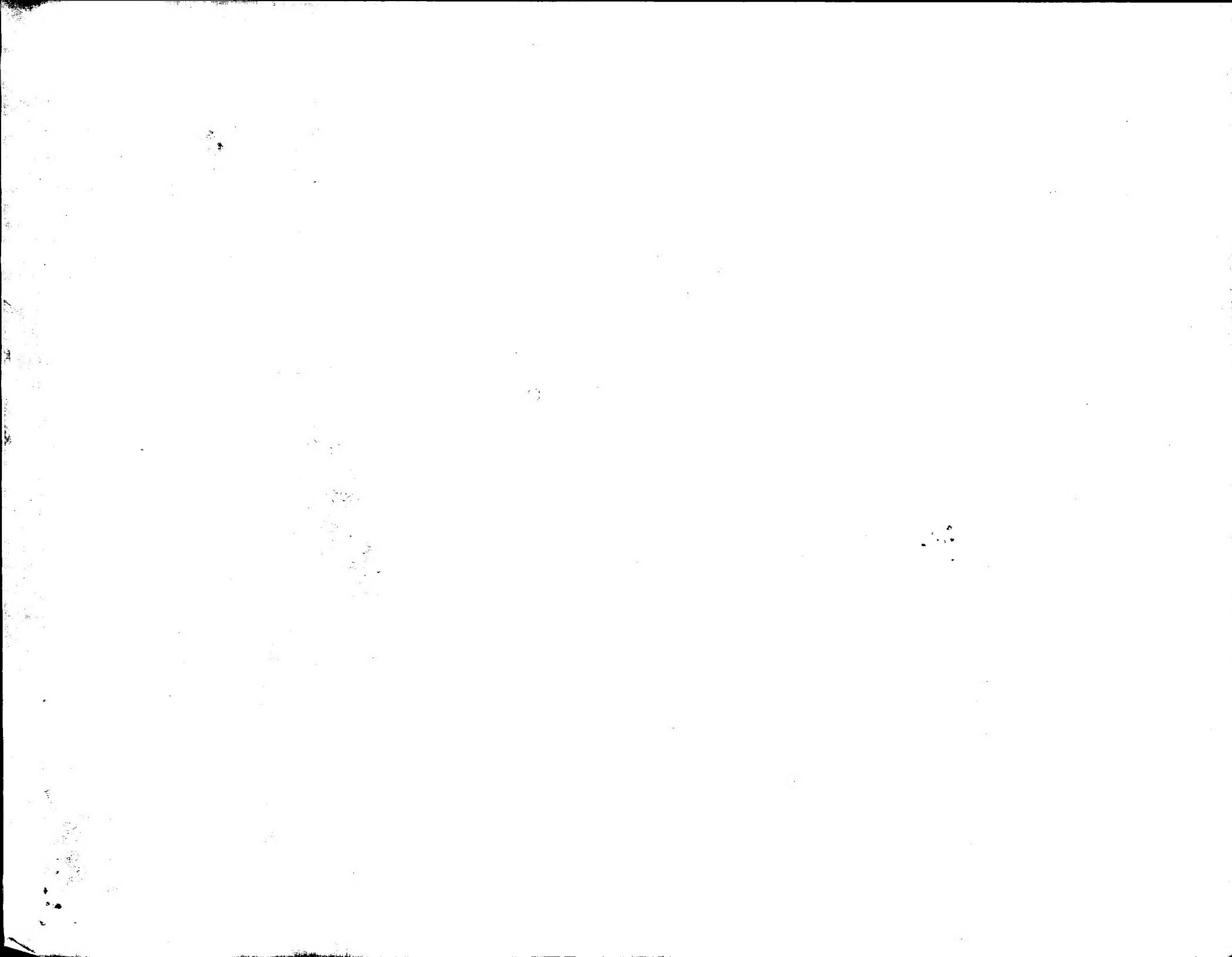
DA

15

Measured by:	Jm	Audited by:	15 8-69	Preliminary Approval:	
Date:	12-11-1	Date:	12/1/01	Date:	

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.06.15





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO18338**

Purchase Order Date 11/6/2012

PO Print Date 11/19/2012

Page Number 1 of 1

Order From :

A.T.G. INDUSTRIES INC.  
731 INDUSTRIELLE ROAD  
ROCKLAND, ON K4K 1T2  
CANADA

VC-ATG001

Contact Name		Buyer	Brigitte Golden
Vendor Phone	613-446-4544	Requisition Nbr	
Vendor Fax	613-446-4556	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

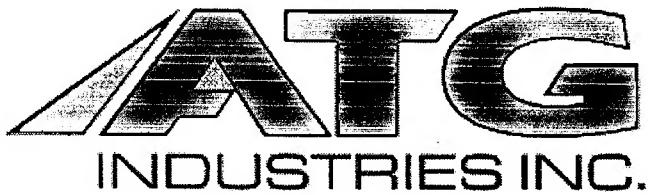
Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
Vendor Part Number							
1	91440	347-0210 Rail	11/14/2012 Yes	46.00	Dart Truck	\$8.8300	\$406.18
			<b>Special Inst:</b> FINISH: HARD BLACK ANODIZE AS PER IAW MIL-A-8625, TYPE III, CLASS 2				
2	91801	647.1713 Spacer	11/14/2012 Yes	14.00	Dart Truck	\$8.8300	\$123.62
			<b>Special Inst:</b> Same as above				
3	92068	647.1612 Splice Plate	11/14/2012 Yes	12.00	Dart Truck	\$8.8300	\$105.96
			<b>Special Inst:</b> Same as above				
						<b>PO Total:</b>	<b>\$635.76</b>

Change Nbr: 2

Change Date: 11/19/2012

*PL*  
No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES *YES* NO *NO*



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62067

Date: 22-Nov-12

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via
Quantity	Description	Rev:
1 lot	Part: ASST 46 PCS 347-0210 14 PCS 647.1713 16 PCS 647.1612 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120721	PO: PO18338 Line:
Certificate of Conformance		
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.		
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY		
DATE: <u>22/11/12</u>		
CERTIFIED SIGNATURE: <u>MM</u>		
RECEIVER SIGNATURE: _____		

